

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. **10806116**

FILED DATE

APPLICANT(S)

CLAIMS

	AD FLD		AFFIDAVIT ASSIGNMENT		AFFIDAVIT ASSIGNMENT	
	CID	DEP	CID	DEP	CID	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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TOTAL IND.	1					
TOTAL DEP.	16					
TOTAL CLAIMS	17					

	AD FLD		AFFIDAVIT ASSIGNMENT		AFFIDAVIT ASSIGNMENT	
	CID	DEP	CID	DEP	CID	DEP
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